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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/800,848	03/16/2004	David K. Biegelsen	117364	1293
65575 OLIFF & BERI	7590 05/29/200 RIDGE, PLC	8	EXAM	INER
P.O. BOX 320850 ALEXANDRIA, VA 22320-4850			OLANIRAN, FATIMAT O	
ALEXANDRIA	A, VA 22320-4830		ART UNIT PAPER NUMBER	
			2615	
			MAIL DATE	DELIVERY MODE
			05/29/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Commence	10/800,848	BIEGELSEN, DAVID K.	
Interview Summary	Examiner	Art Unit	
	FATIMAT O. OLANIRAN	2615	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>FATIMAT O. OLANIRAN</u> .	(3)		
(2) <u>Abdul Basit</u> .	(4)		
Date of Interview: 22 May 2008.			
Type: a)☐ Telephonic b)☐ Video Conference c)⊠ Personal [copy given to: 1)☐ applicant 2	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1 and 8</u> .			
Identification of prior art discussed: Yanagida et al. (2001/0	0043510) and Manabe(655668	<u>37)</u> .	
Agreement with respect to the claims f) was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Claims 1 and 8 were discregards to the rejection based on claims 1 and 8</u> . (A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER	Iments which the examiner agopy of the amendments that wid.) ACTION MUST INCLUDE THE last Office action has already OF ONE MONTH OR THIRTY	reed would render the could render the c	er the claims claims OF THE LICANT IS
INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.			LATER, TO
	/Vivian Chin/ Supervisory Patent Examiner		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi		

Application No.

Applicant(s)